



State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2004

ANNUAL REPORTS RECEIVED AFTER APRIL 15, 2004,
WILL BE ASSESSED A \$50.00 LATE FEE.

Filed

Date Filed: 01/26/2004

Business ID: 387933

William M. Gardner

Secretary of State

THREE SISTERS' COUNTRY STORE, INC.

160 SOUTH MAIN ST

WOLFEBORO, NH 03894

ADDRESS OF PRINCIPAL OFFICE:

160 SOUTH MAIN ST

WOLFEBORO, NH 03894

1 REGISTERED AGENT AND OFFICE:

MARIANNE NICASTRO

~~RR 1 BOX 31A5~~ 32 Juliet Lane

ALTON, NH 03809

ENTITY TYPE: CORPORATION

BUSINESS ID: 387933

STATE OF DOMICILE: NH

FEDERAL ID: 020529579

CONVENIENCE STORES

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

2

☒ The new mailing address PO Box 2217, Wolfboro, NH 03894

☐ The new principal office address _____

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME Salvatore A. Nicastro

STREET 32 Juliet Lane

CITY/STATE/ZIP Alton, NH 03809

NAME Marianne Nicastro

STREET 32 Juliet Lane

CITY/STATE/ZIP Alton, NH 03809

NAME _____

STREET _____

CITY/STATE/ZIP _____

NAME _____

STREET _____

CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME Salvatore A. Nicastro

STREET 32 Juliet Lane

CITY/STATE/ZIP Alton, NH 03809

NAME Marianne Nicastro

STREET 32 Juliet Lane

CITY/STATE/ZIP Alton, NH 03809

NAME _____

STREET _____

CITY/STATE/ZIP _____

NAME _____

STREET _____

CITY/STATE/ZIP _____

4

To be signed by an officer, Director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

NAME

TITLE

REPORT FEE IS: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE ON THIS FORM

State of New Hampshire
Fee - Form 47 - (Corporations) 1 Page(s)

New Hampshire



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STATE

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JAN 26 2004